## **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE [ SMALL ENTITY **TOTAL CLAIMS** RATE FEE RATE FEE **FOR** NUMBER FILED NUMBER EXTRA BASIC FEE BASIC FEE OR **TOTAL CHARGEABLE CLAIMS** minus 20= X\$ 9= X\$18=OR INDEPENDENT CLAIMS minus 3 =X40 =X80 =OR MULTIPLE DEPENDENT CLAIM PRESENT +135= +270= OR f the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR CLAIMS AS AMENDED - PART II **OTHER THAN** SMALL ENTITY OR (Column 1) (Column 2) (Column 3) SMALL ENTITY **CLAIMS** HIGHEST AMENDMENT A ADDI-: REMAINING . . . . . . ADDI-NUMBER PRESENT AFTER RATE TIONAL RATE **PREVIOUSLY** TIONAL **EXTRA** AMENDMENT PAID FOR FEE . FEE Total Minus X\$ 9= X\$18= OR Independent Minus X40 =X80 =OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= +270= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS **HIGHEST** 15 15 1 ADDI-REMAINING NUMBER ADDI-PRESENT AMENDMENT **AFTER** RATE TIONAL PREVIOUSLY **EXTRA** RATE TIONAL **AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus \*\*\* = X40= X80= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +135= +270= BEST AVAILABLE COPY OR TOTAL TOTAL OR ADDIT, FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-REMAINING NUMBER ADDI-PRESENT **AMENDMENT** AFTER **PREVIOUSLY** RATE TIONAL: RATE **EXTRA** TIONAL **AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus \*\*\* = X40= X80= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +135= +270= OR If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL TOTAL

PATENT APPLICATION PATERMINATION RECORD

ober 1, 2000

Effective

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

ADDIT. FEE

ADDIT. FEE

**Application or Docket Number** 

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## UNITE STATES PATENT & TRADEMAR OFFICE Washington, D.C. 20231

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REQUEST FOR PATENT FEE REFUND  1 Date of Request:  2 Serial (Patent # / Y) / 9 37-2 //				
route of Request:	2 Seri	lal/Patent	#_09/	736316
3 Please refund the following fee	e(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			105e001	\$ (7)
Amendment			<del> </del>	\$
Extension of Time			<del>                                     </del>	\$
Notice of Appeal/Appeal			<del> </del>	\$
Petition	-	· · · · · · · · · · · · · · · · · · ·		s
Issue				\$
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Maintenance		<del></del>		\$
Assignment				\$
Other				\$
Lerioux 6/20 placy F.O. BOX 9480 Hollywood, FL 33020-0480		7 TOTAL AMOUNT S		
	~1.00 	8/TO BE R	EFUNDED BY	Y:
10 REASON:		Treasury Check		
Overpayment		Cr	edit Depo	sit A/C #:
Duplicate Payment		9		
No Fee Due (Explanation):		<u> </u>		
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1 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: TITLE: Tayalou Slovial				
SIGNATURE: PHONE: 305-365/6				
OFFICE: VEL				
THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED: DATE:				

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

FORM PTO 1577 (01/90) Office f Finance Refund Branch Crystal Park One, Room 802B